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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11731
Facility Name:	Good Samaritan Hospital - Los Angeles
Address:	1225 Wilshire Blvd.
City:	Los Angeles
Hospital Owner/Lice	ensee: Good Samaritan Hospital / 930000071
Year of Repo	orting: 2010
Contact 1 e-mail Add	dress:
Contact 2 e-mail Add	dress:
Contact 3 e-mail Add	lress::
Name of Subi	mitter: Dan McLaughlin
Submission	Date: 1/27/2011 1:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rati If Required	ng Extension Date	Anticipated Completion Date
05	1927 Building	1225 Wilshire Blvd.	Retrofit	SPC2	01/01/2013	06/30/2012

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05 Building Name: 1927 Building										
Type of Service Provided										
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery						
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine						
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical  X Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis						
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery						
		Total Beds this Building	Cesarean/Deliv	Central Plant						

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildi	ing Name: 1953 Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 05 Building Name: 1927 Building	
Medical / Surgical (Include GYN) Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN) Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care Chemical Dependency	Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Inpatient 0 Days	0 0

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	06	Building Name: 1953	3 Building				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	ICU / CCU Addition	
03	Mechanical Plant	
04	MRI Addition	
05	1927 Building	
06	1953 Building	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05 Buil	ding Name:	1927 Building							
Type of Service Provided										
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing	Т	Anesthesia							
	IntensiveCare				Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol		Clinical Lab				Outpatient			
	escent		Radiologica Imaging	ul/	Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		Pharmaceu	tical	Emergency		Central Plant			
	Obstetrical Ante/Postprtum		_		Nuclear	X	Support			
	Ante/i ostpitam	X	Dietetic		Medicine		Services			
	Intermediate Care		7							
	<del>-</del>	X	Administrati	ion						
	Skilled Nursing									

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	06	Building Name:	1953 Building								
Type of Service Provided											
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing		Anesthesia								
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis					
П	Pediatric/Adol	.	Clinical Lab	□ No Long		Outpatient Surgery					
			Radiological/ Imaging	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant					
	Obstetrical Ante/Postprtu	m		Nuclear	Х	Support					
	, and, r coupled	···   [	Dietetic Med		ш	Services					
	Intermediate Care		Administration								
	Skilled Nursin	g									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 01	Building Na	me: Main Hospital				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	ice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1'` 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate	X	Dietetic		Emergency		Central Flant
	Care	X	Administration	X	Nuclear Medicine	X	Support Services
X	Skilled Nursing						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 02	Building Na	me: ICU / CCU Add	ition				
Configuration :	Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided								
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X I	ntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate Care		Dietetic		Nuclear Medicine		Support	
	Skilled Nursing		Administration		Nucleal Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: Mechanical Pla	ant				
Configuration :	Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
☐ In	termediate		Dietetic		Linergency		Ochtiai Fiant	
c	are		A desiminate of		Nuclear Medicine		Support Services	
SI	killed Nursing		Administration					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: MRI Addition					
Configuration :	Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant	
☐ Ir	ntermediate		Dietetic		Linergency	Ш	Ochtiai Flant	
— c	Care		Administration		Nuclear Medicine		Support Services	
	Skilled Nursing		Autililistration					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Na	me: 1927 Building				
Configuration:	Remove from GAC	Service by	1/1/2013				
Type of Service Provided							
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	termediate are	X	Dietetic				
	killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 06	Building Name: 1953 Building		
Configuration N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	П г	Central Plant
Intermediate	Dietetic	Emergency	Central Plant
Care	Administration	Nuclear Medicine	X Support Services
Skilled Nursing	Administration		

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi									
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	258	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	33	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	31	X	Pharmaceutical	X Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services		
X	Skilled Nursing	Inpatient Beds	28	X	Administration				
	Total Beds this Building		350						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 02								
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	58		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		58						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:								
Type of Service Pr	Type of Service Provided							
Nursing	Inpatient Beds	0	Surg	ical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anes	thesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinic	cal Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radie Imag	ological/ ing	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtui	Inpatient m Beds	0	Phar	maceutical	Emergency	X Central Plant		
Intermediate Care	Inpatient Beds	0	Diete	etic	Nuclear Medicine	Support Services		
Skilled Nursin	g Inpatient Beds	0	Admi	inistration				
Total Beds thi	S	0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	Building Number: 04 Building Name: MRI Addition								
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

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Building Number: 0	1 Buildi	ing Name: Mair	n Hospital			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 235 Bed	Inpatient 85775 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing		
Inpatient 31 Bed	Inpatient 11315 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 28 Bed	Inpatient 10220 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 23 Bed	Inpatient 8395 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 23 Bed	Inpatient 8395 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 10 Bed	Inpatient 3650 Days	Inpatient 0 Bed	Inpatient 0 Days	350	0	

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Building Number:	D2 Build	ing Name:	/ CCU Addition			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 58 Bed	Inpatient 21170 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	58 0		

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Building Number:	03 <b>E</b>	Building Name: Mec	hanical Plant			
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0 0		

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Building Number:	04	Building Name:	MRI Addition				
Medical / Surgical (I	nclude GYN)	Acute Resp	iratory Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Ca Nursery	are Newborn	Intermediate Card			
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation	on	Int. Care / develop Disabled	ment		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency	<i>'</i>	Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	0	0		